

Department of Public Health, Division of Health Care Quality
INFORMAL DISPUTE RESOLUTION REQUEST COVER SHEET*

Complete one sheet for each F-tag you wish to dispute either for an incorrect **FACT** or incorrect **CONCLUSION**. Enclose a copy of the CMS-2567 for the F-tag in question (inclusive of your Plan of Correction), as well as any other documentation which you feel will support your claim. Use additional sheets as needed.

DISPUTED FACT(S):

F-Tag: _____

Which factual statements in the CMS-2567 do you allege to be incorrect? (List each, referencing resident #'s as applicable)	Why do you believe this statement to be incorrect?	What (if any) documents are you enclosing to support your claim?	
		Encl. #	Document/Rationale for Enclosure

DISPUTED CONCLUSION(S):

F-Tag: _____

With which conclusion(s) in the CMS-2567 do you disagree? (List each, referencing resident #'s as applicable)	Why do you believe the surveyor's conclusion to be incorrect?	What (if any) documents are you enclosing to support your claim?	
		Encl. #	Document/Rationale for Enclosure

* Adapted with permission from Liberty Commons Nursing and Rehabilitation Center in Chatham, MA